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Bib Data Sheet

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|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------|
| SERIAL NUMBER 10/712,486 | FILING DATE 11/13/2003 RULE | CLASS 606 | GROUP ART UNIT 3739 | ATTORNEY DOCKET NO. 2876 |
|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------|

APPLICANTS

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Kristin D. Johnson, Louisville, CO;

** CONTINUING DATA *****

This appln claims benefit of 60/426,155 11/14/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/10/2004

| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR | SHEETS | TOTAL | INDEPENDENT |
|---------------------------------|---|----------|---------|--------|-------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after | COUNTRY | DRAWING | CLAIMS | CLAIMS |
| Verified and Acknowledged | <i>Alex</i> <i>John</i> Examiner's Signature Initials | CO | 4 | 20 | 2 |

ADDRESS

50855
 UNITED STATES SURGICAL,
 A DIVISION OF TYCO HEALTHCARE GROUP LP
 150 GLOVER AVENUE
 NORWALK, CT
 06856

TITLE

Compressible jaw configuration with bipolar RF output electrodes for soft tissue fusion

| | | |
|------------|---|--|
| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
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900

1.18 Fees (Issue)

Other _____

Credit